



Secretary's Column

State Collaboration is Necessary to Fight Drug Problem

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The abuse and diversion of prescription drugs is the fastest growing, most prolific substance abuse issue facing our commonwealth. As many as two Kentuckians die every day due to accidental overdose of prescription drugs — and anecdotal evidence suggests that figure is grossly underreported. In Kentucky, more people now die from prescription overdoses than from injuries sustained in motor-vehicle accidents.

In an effort to reduce the destructive impact of prescription drug abuse on Kentucky families, Gov. Steve Beshear has spearheaded several initiatives to dramatically strengthen our ability to monitor and detect abuse, as well as to curb the availability of prescription pills from disreputable and scurrilous prescribers and dispensers.

The Kentucky All Schedule Prescription Electronic Reporting system — already considered a national model for prescription drug monitoring — provides an effective tool for health care providers and law enforcement in the fight against prescription drug abuse and diversion. But interstate data sharing among prescription drug monitoring programs is desperately needed to enhance the effectiveness of these programs as tools to improve public health and safety.

In August, Kentucky and Ohio became the first states to link their databases to make it tougher for addicts in one of the states to avoid detection by visiting a doctor in the other. The electronic Prescription Monitoring Information Exchange marked a highly anticipated milestone for prescription-drug monitoring programs and ongoing work to fulfill a need to share data across state lines.

"Doctor shoppers" often seek controlled substances from multiple providers, and they cover increasingly large territories to obtain the drugs. In fact, some Kentucky authorities estimate that 60 percent of the area's illegal prescription pills come from Florida, and the Kentucky State Police arrested more than 500 people from eastern Kentucky in 2009 who traveled to Florida for this purpose.

Also in August, Kentucky hosted the first meeting of a new Interstate Prescription Drug

Abuse Task Force, composed of Kentucky, Ohio, West Virginia and Tennessee. The interstate alliance, which includes representatives from government, law enforcement, health care and advocacy groups, hopes to coordinate databases, laws and investigations to try to keep pill mills that are shut down in one state from popping up across the border.

And just recently, Gov. Beshear joined House Speaker Greg Stumbo and Attorney General Jack Conway in announcing support for legislation to license and regulate pain clinics in Kentucky, with strict requirements regarding who may own or operate them, and make KASPER a more robust, flexible and useful tool by mandating its use by all prescribers.

Kentucky also plans to educate more physicians and dispensers about the use of the state's prescription monitoring program. An advisory board of physicians, dentists, nurses and pharmacists will work with KASPER officials and law enforcement professionals to create guidelines for generally accepted practices among different medical disciplines. These criteria will be used to guide when a prescriber or dispenser's KASPER reports may be flagged for unusual prescribing activity.

These proposals are not meant to target physicians with legitimate patient needs for pain relief, but to root out the so-called "drug dealers in white coats" whose entire professional practices are focused on feeding these devastating addictions. The initiatives will improve the tracking of prescription drugs and choke off the supply of pills from illegal sources.

Kentucky is not an island. We live in a mobile society and that mobility limits the ability of any one state to be entirely successful in addressing substance-abuse issues. A collaboration of state efforts can help put the brakes on the prescription abuse epidemic. ■